

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 37003
4766
Registrar's No.

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4766	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Franklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 6 mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ottawa			
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters Of The Poor, 5331 Highland				d. STREET ADDRESS (If rural, give location) 814 So. Cedar St.			
3. NAME OF DECEASED (Type or Print) WINIFRED		a. (First) A.		c. (Last) DOOLIN		4. DATE OF DEATH (Month) (Day) (Year) Nov. 11, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Oct. 15, 1868		9. AGE (In years last birthday) 82 # UNDER 1 YEAR Months Days # OVER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Emerald, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel Doolin		13b. MOTHER'S MAIDEN NAME Catherine Redington		14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Daniel Doolin, Ottawa, Kansas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Myocarditis</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterio sclerosis</i> DUE TO (c) <i>Arterio sclerosis</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>10 yrs</i> <i>20 yrs</i> <i>42 yrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3/19</i> 19 <i>50</i> , to <i>11/11/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>11/9/50</i> , 19 <i>50</i> , and that death occurred at <i>3:00</i> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Joseph A. Fogarty</i> (Degree or title)				23b. ADDRESS <i>402 Northmen Bldg. C. Mo.</i>		23c. DATE SIGNED <i>11/12/50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>11/12/50</i>		24c. NAME OF CEMETERY OR CREMATORY St. Patrick's Cemetery		24d. LOCATION (City, town, or county) (State) Emerald, Kansas	
DATE REC'D BY LOCAL REG. 11-13-50		REGISTRAR'S SIGNATURE <i>Eveline Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE, Kansas City, Missouri			

(Licensed Embellisher's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Joseph A. Fogarty; "Will stop by here today"
Winchman Bldg.
31st & Troost 201207
Call Monday here

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max E. Meyer

Signed.....
Student Embalmer

Licensed Embalmer No. 4555

P. O. Address K.E. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.